

DURHAM DISTRICT SCHOOL BOARD

KINDERGARTEN PARENT QUESTIONNAIRE

Student Name (first & last):
Guardian Name (first & last):
Date:
Home Phone Number:
Business Phone Number:
School:
E-mail Address:

Information Collection Authorization

This information is collected pursuant to the Board's education responsibility as set out in the Education Act and its regulations. This information is collected for education purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario School Record and Student Services file. Any questions with respect to this information should be directed to the Principal of the school which your child is registered. Users: Supervisory Officers, Principals, Vice Principals, Teachers, Early Childhood Educators, Speech and Language, Educational Assistants and Inclusive Services.

Parent Signature

Date

LANGUAGE

1. My Child has had a hearing test. If yes, date: Additional details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. My child has had an eye exam. If yes, date: Additional details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. My child has received Speech and Language Services from a community agency. If yes, please specify - Date: Organization Name: Treatment: Additional Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I have concerns about my child's speech or language. If yes, describe concern:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does your child speak English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does your child understand English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Does your child speak other languages at home? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you understand your child when they speak?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do other people understand your child when they speak?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does your child speak in sentences longer than 4 – 5 words?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. We read together: Daily Weekly Monthly		
12. Can your child follow multi-step directions (i.e. Pick up your book and put it in the bag)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Can your child ask for assistance when needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PHYSICAL HEALTH

1. Does your child have any allergies? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. My child has had an eye exam. If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your child require medication on a regular basis? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does your child wear prescription glasses or a hearing device? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LITERACY

1. Can your child identify some letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Can your child identify some letter sounds (i.e. A says “ah”)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Can your child identify their name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Can your child write their name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can your child identify colours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MATHEMATICS

1. Does your child count? They count to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does your child write numbers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your child use simple measurement terms (i.e. big/small, short/tall)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Can your child identify some shapes (i.e. square, circle, triangle, star, heart)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can your child make simple patterns (i.e. blue-green-blue green, clap-clap-stamp)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Can your child sort objects by colour, shape or size?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Does your child enjoy playing games with cards or dice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FINE AND GROSS MOTOR SKILLS

1. Your child prefers to use their:	Left Hand	Right Hand
2. Does your child know how to use an iPad or computer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your child enjoy colouring and drawing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does your child know how to hold a pencil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has your child had experience with crayons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Has your child had experience with glue/glue sticks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has your child had experience with scissors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Has your child had experience with paint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Has your child had experience with play dough?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does your child enjoy playing with small outdoor equipment (i.e. balls, skipping rope)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Is your child able to hop and jump?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Is your child able to throw and catch a ball?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Is your child able to kick a ball?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Can your child run?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional comments and/or concerns:		

PERSONAL SOCIAL DEVELOPMENT

The Durham District School Board respects the diversity of our school communities. We promote and encourage an inclusive Kindergarten Program.

1. What holidays does your family celebrate? Please specify:		
2. Are there any holidays you would prefer your child not celebrate? Please specify:		
3. Does your child have any siblings? If yes, how many?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your child attended a child care setting (i.e. nursery school, EarlyON, etc.)? If yes, please specify the length of time:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does your child make friends easily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does your child prefer to play: On their own With other children Both		
7. Does your child take turns and share with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Does your child engage in pretend play (i.e. playing house, fire fighter)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Can your child dress themselves (clothes, snow pants, coats)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Can your child do up a zipper?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Can your child do up buttons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Can your child put on and take off their velcro shoes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Can your child tie shoe laces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Is your child toilet trained? If not, what are you currently doing to support your child in acquiring this skill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. My child is frightened of:		
16. How does you child react when they are away from Parent/Guardian?		
17. Is your child able to follow rules and routines (i.e. waiting their turn, cleaning up, sharing with others)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Do you have any concerns about your child's transition to Kindergarten? Please specify:		

19. Some children may have special developmental needs and may be receiving support and/or assistance in the community. Please indicate if your child and/or family has accessed the services of any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Bloorview Children's Hospital | <input type="checkbox"/> Grandview Children's Centre |
| <input type="checkbox"/> Carea Community Health Centre | <input type="checkbox"/> Holland Bloorview Rehabilitation Hospital |
| <input type="checkbox"/> Canadian National Institution for the Blind | <input type="checkbox"/> Hospital for Sick Kids |
| <input type="checkbox"/> Children's Aid Society | <input type="checkbox"/> Kinark Child and Family Services |
| <input type="checkbox"/> Durham Association of Family Respite Services | <input type="checkbox"/> Oshawa Deaf Centre |
| <input type="checkbox"/> Durham Behaviour Management Services | <input type="checkbox"/> Resources for Exceptional Children and Youth Durham |
| <input type="checkbox"/> Durham Community Bereavement Services | <input type="checkbox"/> South Oshawa Community Health Centre |
| <input type="checkbox"/> Durham Region Family Counselling | <input type="checkbox"/> Surrey Place Centre |
| <input type="checkbox"/> Durham Supervised Access Program | <input type="checkbox"/> Other – Please specify: |
| <input type="checkbox"/> Geneva Centre for Autism | |

Additional comments and/or concerns: